

South Central Behavioral Health Region Mental Health and Disability Services

**Annual Service and
Budget Plan FY 2019**

Serving Appanoose, Davis, Mahaska and Wapello Counties



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ANNUAL SERVICE AND BUDGET PLAN FOR FY 18/19

Geographical Area: Serving the Counties of Appanoose, Davis, Mahaska and Wapello counties. The South Central Behavioral Health Region (hereafter referred to as SCBHR) was formed under Iowa Code Chapter 28E to create a mental health and disability service region in compliance with Iowa Code 331.390.

In compliance with IAC 441-25 the SCBHR Management Plan comprised three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual. The Annual Service and Budget Plan includes the services to be provided and the cost of those services, local access points, Targeted Case Management agencies, a plan for ensuring effective crisis prevention and a description of the scope of services, projection of need and cost to meet the need, and provider reimbursement provisions.

The Annual Service and Budget Plan has been approved by the SCBHR Governing Board on March 21st, 2018 and is subject to approval by the Director of Human Services. The SCBHR Management Plan is available in each local SCBHR MHDS office, www.scbhr.org and on the Iowa Department of Human Services Website at <http://dhs.iowa.gov/mhds>.

ACCESS POINTS

SCBHR shall designate access points. An access point is a part of the service system or community that shall be trained to complete the MHDS funding applications for persons with a disability and forward them to the local SCBHR Office.

Access Point	Address	Phone number
Appanoose County Community Service Office	209 E Jackson Street, Centerville Iowa 52537	1-641-856-2085
Community Health Center of Southern Iowa-Appanoose	221 East State Center, Centerville Iowa 52537	1-641-856-6471
Centerville Community Betterment	1111 N. Haynes Ave, Centerville, Iowa 52544	1-641-437-1051
Davis County Community Service Office	712 S. West, Bloomfield Iowa 52537	1-641-664-1993
Davis County Hospital E.R	509 N Madison Street, Bloomfield Iowa 52537	1-641-664-2145
Mahaska County Community Services	301 1 st Avenue E., Oskaloosa, IA 52577	1-641-672-2625
Mahaska Health Partnership	1229 C Avenue East, Oskaloosa, IA 52577	1-641-672-3100
Mercy Medical Center E.R	One Street Joseph's Dr. Centerville, Iowa 52544	1-641-437-4111
Ottumwa Regional Hospital E. R	1001 Pennsylvania Ave, Ottumwa Iowa 52501	1-641-682-7511
Paula Gordy-LLC	208 S. Madison Street, Bloomfield, Iowa 52537	1-641-664-2490
Paula Gordy-LLC	501 North 12 th , Centerville Iowa	1-641-856-2437
Southern Iowa Mental Health Center	110 E Main, Ottumwa Iowa 52501	1-641-682-8772
Wapello County Community Service Office	102 E. Main, Ottumwa Iowa 52501	1-641-683-4576

Targeted Case Management

The ability to designate conflict-free Targeted Case Management as described in IAC 441-25.21 (1)g is no longer possible by MHDS regions as the Managed Care Organizations (MCOs) have taken this role. Individuals enrolled in the Medicaid program that are not served by an MCO may be eligible for Targeted Case Management with the Department of Human Services (DHS).

SCBHR has identified the following providers for case management to offer services to individuals enrolled in Medicaid.

Case Management Entity	Address	Phone number
DHS Case Management	400 SW 8 th St, Des Moines, IA 50319	515-242-6877
United Healthcare Plan of the River Valley, Inc.	1089 Jordan Creek Parkway, West Des Moines, IA 50266 Website:	1-800-464-9484 TTY: 711

	http://www.uhccommunityplan.com/	
Amerigroup Iowa, Inc.	PO Box 71099, Clive, IA 50325 Website: http://www.myamerigroup.com/IA	1-800-600-4441 TTY: 711

The local offices of SCBHR also provide Service Coordination for individuals who do not qualify for case management.

Crisis Planning

Emergency Services

Current basic crisis response provisions, including 24 hour access to crisis response and evaluation, is provided through Community Mental Health Centers and providers listed below.

AREA	Location	Address	Phone number
Appanoose	Mercy Medical Center E.R	One Street Joseph's Dr. Centerville, Iowa 52544	641-437-4111
Appanoose	Community Health Center of Southern Iowa	221 East State Center, Centerville Iowa 52537	1-641 856 6471
Davis	Davis County Hospital E.R	509 N. Madison Street, Bloomfield Iowa 52537	641-664-2145
Mahaska	Mahaska Health Partnership	1229 C Avenue East, Oskaloosa, IA 52577	641-672-3159
Wapello	Southern Iowa Mental Health Center	110 E Main, Ottumwa Iowa 52501	641-682-8772
Wapello	Ottumwa Regional Hospital E. R	1001 Pennsylvania Ave, Ottumwa Iowa 52501	641-682-7511

Current Crisis Services

In October of 2013 the Region began taking steps to provide a continuum of care for citizens with mental health issues in crisis that will:

- Identify the level of service necessary to alleviate patient symptoms.
- Provide a new level of care besides inpatient or outpatient counseling –
- Provide immediate treatment to prevent the progression of symptoms.
- Provide services at a local level through use of a continuum of care as much as possible.
- Educate the community on mental health issues.
- Develop a holistic system using current services that can provide a continuum of care that can be emulated by other rural settings.
- Provide pre and post statistical information that will measure the cost effectiveness of this approach to services.

Through the Stakeholders, SCBHR has engaged providers in trainings related to Co-occurring diagnosis, trauma informed care, collective impact strategy, and Non-violent Crisis Prevention Intervention. Please refer to document for specific detail regarding trainings and continued plans for training within SCBHR.

Providers within SCBHR of clinical/medical/therapeutic services have contract for emergency and urgent care appointments in order to facilitate prompt access to service as the situation dictates.

SCBHR coordinators continue to facility necessary linkages to community based service array i.e. Integrated Health Home, Community Mental Health Centers, etc. to insure supports.

SCBHR continues to encourage Mental Health Agencies to facilitate Crisis Care Coordination. A component of this Crisis Care Coordination is to follow up with individuals that have utilized the crisis, urgent, emergency and or on call system when in crisis to ensure that they have knowledge and resources available to them to maintain their well-being.

The local Community Services office in Appanoose, Davis, Mahaska, and Wapello continues to work alongside of the Clerk of Court and Magistrate Judges to process and notarize all Court Committals. This allows for SCBHR Community Services office to become the point of access for all filings and decreasing the amount of time spent in applicants waiting at the courthouse for consult.

SCBHR continues to provide Emergency Pre-Screening of mentally ill individuals in Appanoose, Davis and Mahaska County. The SCBHR developed, in collaboration with Mercy Medical Center – Centerville, Iowa, Davis County Hospital-Davis County and Mahaska Health Partnership-Mahaska County contracts that enabled local licensed mental health treatment providers to complete an assessment to help the ER personnel assess and diagnose mentally ill patients for appropriateness for inpatient treatment. If the evaluation process identifies a lower level of treatment the On Call therapist makes appropriate contacts/referrals to services locally that are immediately available to patients.

Oak Place closed on 10/31/2017 they had operated a five bed 24/7 stabilization home. This home has served as a diversion service to mental health inpatient hospitalization. This level of service gives mental health patients who are in crisis because of psych-social issues a short term bed in the community. The program offers therapy daily by a licensed mental health therapist in addition to a safe place to stay, medication management, connections to county relief funds for tangible help with rent, utilities, transportation, food and other needs as identified. SCBHR opened up an RFP in September of 2018 to add beds in Appanoose, Mahaska and Wapello. The RFP was awarded to Southern Iowa Mental Health Center; services will consist of 6 23- hour beds and 4 3-5 Crisis Residential Stabilization beds tentative opening date is May 1st, 2018.

SCBHR continues to establish on going contracting relationships with Ottumwa Regional Health Center; in FY 2016 ORHC opened a 15 bed general population psychiatric hospital. In FY 18 SCBHR contracted with ORHC that allows for a financial partnership for payment of clients under MH 229. SCBHR and ORHC has meet on several occasions with judges and law enforcement to being conversations on the court committal process and the services that we as a partnership can build to provide pre commitment options.

SCBHR continues to support the treatment of Co-Occurring/Dual Diagnosis clients. In FY 18 SCBHR contracted with Oak Meadow, a residential substance abuse treatment provider that provides 125 Substance Abuse Court Committals for evaluation and long term treatment. The goal is to continue to provide care for our clients within our region. SCBHR will continue to support funding in the area of Co-Occurring/Dual Diagnosis programming

Scope of Services and Budget for FY 19

The FY 19 budget was developed at the local level with input and collaboration with stakeholders to assess need. As the funder of non-Medicaid services, SCBHR is the funder of last resort. SCBHR recognizes the importance of individualized planning for services and supports to empower all individuals to reach their fullest potential.

SCBHR shall be responsible for funding only those services and supports that are authorized in accordance with the process described in the MH/DS Plan, within the constraints of budgeted dollars. SCBHR shall be the funder of last resort and regional funds shall not replace other funding that is available. An individual who is eligible for other privately or publicly funded services and support must apply for and accept such funding and support and comply with requirements to remain eligible for such funding and support. Access standards in IAC 441-25.3(331) have been considered in the formation of the budget and the projection of need is based on those standards. It is felt that access standards will be met based on the number of providers, their locations, historical data, and input from stakeholders.

23 HOUR CRISIS OBSERVATION & HOLDING-

In FY 2018, SCBHR issued an RFP for 23 Hour Crisis Observation and Holding Beds in September of 2017. The RFP was awarded to Southern Iowa Mental Health on January 15th, 2018. Southern Iowa Mental Health Center will have a total of six 23 Hour Crisis Observation and Holding Beds as of May 1st, 2019. SCBHR provided start-up cost along with contracting agreement for payment of occupied beds until all licensing and accreditation has taken place. SCBHR will then look to braided funding to include payment from the MCO's to support the beds

24 ACCESS TO CRISIS RESPONSE-THRU TELEPSYCH (APPANOOSE COUNTY/DAVIS COUNTY)-

In FY 18; SCHBR signed a contract with ITP for Tele psych in the Appanoose County Hospital. In FY 18, Davis County Hospital was offered this same contracting relationship with ITP paid for by SCBHR; however they choose to contract with eAvera with grant funding to cover the expense of board certified ER doc and RN's being available to assist our limited staff, and are hoping not to utilize two different "e" services if we can avoid it. As stated above SCBHR continues to be in the midst of working with ITP to contract for tele-psychiatric services in the Appanoose County E.R

ACCESS CENTERS

SCBHR will work across regions in FY 19 to establish Access Centers as directed by the State Wide Complex Needs workgroup.

ASSERTIVE COMMUNITY TREATMENT TEAMS-

SCBHR met with CROSS region along with RHD to discuss Assertive Community Treatment Teams. Collaboration and working across regions to share the cost of expensive and intensive services is important. Going forward in FY 2019, the region will be looking a developing/contracting for an ACT team that can help in the assistance of mental health clients that could benefit from this service in Appanoose County. In FY 19 SCBHR will be working alongside of Southern Iowa Mental Health Center to develop an ACT for Wapello County Davis County.

CRISIS HOTLINE/WARM LINE-

In FY 2017, SCBHR has secured a contract for Crisis Hotline/Warm line services with Foundation II

In FY18, SCHBR contracted with Abbey to support a warm line for the region.

CRISIS INTERVENTION TRAINING-

In FY 18, SCBHR sent one officer to CIT to Johnson County. In FY 19 SCBHR held a meeting with Solutions Point Plus at the Wapello County Sheriff's Dept to discuss at the regional level with Sheriff's, Chiefs of Police and First Responders the region paying for the CIT (San Antonio) model within the region. There will be a series of trainings to include one in April 2019 a total of 40 hours and then 2-16 hour trainings to be held in Wapello County. SCHBR is committed to training officers in this region and will continue to capitalize on all opportunities for Crisis Intervention Training in FY 2019.

CRISIS STABILIZATION RESIDENTIAL SERVICES:

In September of 2017; SCBHR released an RFP for CSRS in the region. As stated above Oak Place closed on 10/31/2017 a RFP was released for 2 beds in Appanoose, 3 beds in Wapello and 2 beds in Mahaska County. Southern Iowa Mental Health Center was awarded the RFP on January 15th, 2018 for the region. SIMHC will have a total of 4 beds in Wapello County with the interest in building beds in Appanoose and Mahaska FY 19.

CORE EVIDENCE BASED TREATMENT-

In FY 2018, SCBHR contracted with APSE to provide training to Vocational Providers within the SCBHR to align to the EBP of Supported Employment. SCBHR hired a consulting firm Trascen; through that contractual relationship the Employment First Committee has identified a business model that will allow the region to move forward in a unified Employment First Business Practice. Alongside of Trascen; the region was also awarded technical assistance through a grant that Vocational Rehabilitation awarded to the region; as a pilot project. FY 2018 the region will continue to move forward in the Evidence Based practice of Supported Employment.

SCBHR in FY 2018 was able to work with Community Mental Health Providers to develop a Co-Occurring Outpatient Program. This Out-patient Program will support the Evidence Based Practice of Integrated Treatment for Co-Occurring Disorders. The Interactive Journaling curriculum been certified by SAMHSA and will support the outcomes that the Evidence Based Practice upholds.

INTENSIVE RESIDENTIAL HOME

SCBHR has always supported clients in high intensive settings for short term funding; the region will continue to provide this level of care to those client who met the assessments based need. SCBHR will work across regions to establish appropriate level of cares to serve complex needs clients.

MOBILE CRISIS TEAMS

SCBHR in FY 2018 continued conversations with the local community mental health providers. A tour of Broadlawn's to learn more about the operation functioning of the services was done by the committee. In FY 19 SCBHR and SIMHC will partner to put the mobile crisis teams on the ground effective start date July 1st, 2018.

TRANSITIONAL HOUSING-

SCBHR has 13 Transitional Apartments through the region. In FY 16 SCBHR contracted with First Resources for two apartments in Davis County; in FY 17 SCBHR contracted for 11 more in Appanoose, Davis and Wapello Counties. Transitional Housing continues to house clients up to 90 days while helping them establish a permanent living environment in the community of their choice.

PEER DROP IN CENTERS-

In FY 19 SCBHR will RFP 2 Peer Drop In Centers one in Appanoose and one in Mahaska County. SCBHR has invested in Peer Drop In/Recovery Centers in Wapello County to facilitate community integration and prevent social isolation which can exacerbate individual's mental health struggles.

Service Matrix

FY 2019 Budget

FY 2019 Budget	<u>South Central Behavioral Health MHDS Region</u>	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total	State or Other Funding Sources to be Used to Meet Service Need
Core Domains								
COA	Treatment							
43301	Assessment & evaluation	\$ 2,000		\$ 500			\$ 2,500	Med/Ins
42305	Mental health outpatient therapy	\$ 15,000					\$ 15,000	Med/Ins
42306	Medication prescribing & management						\$ -	Med/Ins
71319	Mental health inpatient therapy-MHI	\$ 150,000					\$ 150,000	Med/Ins
73319	Mental health inpatient therapy	\$ 50,000					\$ 50,000	Med/Ins
	Basic Crisis Response							
32322	Personal emergency response system	\$ 1,000	\$ 250	\$ 250	\$ 250		\$ 1,750	Med/Ins
44301	Crisis evaluation	\$ 120,000					\$ 120,000	Med/Ins
44305	24 hour access to crisis response	\$ 5,000					\$ 5,000	Med/Ins
	Support for Community Living							
32320	Home health aide	\$ 250	\$ 65	\$ 65	\$ 65		\$ 445	Med
32325	Respite	\$ 1,000	\$ 450	\$ 450	\$ 450		\$ 2,350	Med
32328	Home & vehicle modifications	\$ 1,000	\$ 200	\$ 250	\$ 200		\$ 1,650	Med
32329	Supported community living	\$ 300,000	\$ 5,000	\$ 1,000	\$ 1,000		\$ 307,000	Med
	Support for Employment							

50362	Prevocational services	\$ 15,000	\$ 1,000	\$ 1,000	\$ 1,000		\$ 18,000	Med
50367	Day habilitation	\$ 5,000	\$ 500	\$ 500	\$ 500		\$ 6,500	Med
50364	Job development	\$ 5,000	\$ 500	\$ 500	\$ 500		\$ 6,500	Med
50368	Supported employment	\$ 5,000	\$ 2,000	\$ 500	\$ 500		\$ 8,000	Med
50369	Group Supported employment-enclave	\$ 1,500	\$ 450	\$ 450	\$ 300		\$ 2,700	Med
	Recovery Services							
45323	Family support	\$ 15,000					\$ 15,000	
45366	Peer support	\$ 15,000					\$ 15,000	Med
	Service Coordination							
21375	Case management						\$ -	
24376	Health homes	\$ 1,500	\$ 450	\$ 450	\$ 450		\$ 2,850	Med
	Core Evidenced Based Treatment							
04422	Education & Training Services - provider competency	\$ 50,000					\$ 50,000	
32396	Supported housing	\$ 300,000					\$ 300,000	
42398	Assertive community treatment (ACT)	\$ 600,000					\$ 600,000	Med
45373	Family psychoeducation	\$ 2,500					\$ 2,500	
	Core Domains Total	\$ 1,660,750	\$ 10,865	\$ 5,915	\$ 5,215		\$ 1,682,745	
	Mandated Services							
46319	Oakdale	\$ 10,000					\$ 10,000	
72319	State resource centers						\$ -	
74XXX	Commitment related (except 301)	\$ 111,500					\$ 111,500	
75XXX	Mental health advocate	\$ 80,000					\$ 80,000	
	Mandated Services Total	\$ 201,500	\$ -	\$ -	\$ -		\$ 201,500	
	Additional Core Domains							
	Comprehensive Facility & Community Based Crisis							

	Services							
44346	24 hour crisis line	\$ 40,000					\$ 40,000	
44366	Warm line	\$ 15,000					\$ 15,000	
44307	Mobile response	\$ 200,000					\$ 200,000	Med
44302	23 hour crisis observation & holding	\$ 500,000					\$ 500,000	Med
44312	Crisis Stabilization community-based services						\$ -	
44313	Crisis Stabilization residential services	\$ 797,290					\$ 797,290	Med
	Sub-Acute Services							
63309	Subacute services-1-5 beds						\$ -	
64309	Subacute services-6 and over beds						\$ -	
	Justice system-involved services							
46305	Mental health services in jails	\$ 200,000					\$ 200,000	
25xxx	Coordination services	\$ 81,425					\$ 81,425	
46422	Crisis prevention training	\$ 20,000					\$ 20,000	
46425	Mental health court related costs						\$ -	
74301	Civil commitment prescreening evaluation						\$ -	
46399	Justice system-involved services-other						\$ -	
	Additional Core Evidenced based treatment							
42397	Psychiatric rehabilitation (IPR)	\$ 2,500					\$ 2,500	Med
42366	Peer self-help drop-in centers	\$ 120,000					\$ 120,000	
	Additional Core Domains Total	\$ 1,976,215	\$ -	\$ -	\$ -		\$ 1,976,215	
Other Informational Services								
03371	Information & referral						\$ -	
04372	Planning and/or Consultation (client related)	\$ 202,710					\$ 202,710	
04377	Provider Incentive Payment						\$	

							-	
04429	Planning and Management Consultants (non-client related)	\$ 95,040					\$ 95,040	
04399	Consultation Other						\$ -	
05373	Public education	\$ 51,360					\$ 51,360	
	Other Informational Services Total	\$ 349,110	\$ -	\$ -	\$ -		\$ 349,110	
Other Community Living Support Services								
06399	Academic services						\$ -	
22XXX	Services management	\$ 362,804					\$ 362,804	
23376	Crisis care coordination	\$ 1,500	\$ 450	\$ 450	\$ 450		\$ 2,850	
23399	Crisis care coordination other						\$ -	
24399	Health home other						\$ -	
31XXX	Transportation	\$ 15,000	\$ 400	\$ 400	\$ 400		\$ 16,200	
32321	Chore services						\$ -	
32326	Guardian/conservator						\$ -	
32327	Representative payee						\$ -	
32399	Other support	\$ 25,000					\$ 25,000	
32335	CDAC				\$ 500		\$ 500	Med
33330	Mobile meals						\$ -	
33340	Rent payments (time limited)						\$ -	
33345	Ongoing rent subsidy	\$ 50,000					\$ 50,000	
33399	Other basic needs	\$ 15,000					\$ 15,000	
41305	Physiological outpatient treatment	\$ 1,000					\$ 1,000	Med/Ins
41306	Prescription meds	\$ 100,000					\$ 100,000	Med/Ins
41307	In-home nursing						\$ -	

							-	
41308	Health supplies	\$ 200					\$ 200	Med/Ins
41399	Other physiological treatment						\$ -	
42309	Partial hospitalization						\$ -	
42310	Transitional living program	\$ 100,000					\$ 100,000	
42363	Day treatment						\$ -	
42396	Community support programs						\$ -	
42399	Other psychotherapeutic treatment						\$ -	
43399	Other non-crisis evaluation						\$ -	
44304	Emergency care						\$ -	
44399	Other crisis services						\$ -	
45399	Other family & peer support						\$ -	
50361	Vocational skills training						\$ -	
50365	Supported education						\$ -	
50399	Other vocational & day services						\$ -	
63XXX	RCF 1-5 beds						\$ -	
63XXX	ICF 1-5 beds						\$ -	
63329	SCL 1-5 beds						\$ -	
63399	Other 1-5 beds						\$ -	
	Other Comm Living Support Services Total	\$ 670,504	\$ 850	\$ 850	\$ 1,350		\$ 673,554	
Other Congregate Services								
50360	Work services (work activity/sheltered work)						\$ -	
64XXX	RCF 6 and over beds	\$ 150,000					\$ 150,000	Med
64XXX	ICF 6 and over beds						\$ -	
64329	SCL 6 and over beds						\$ -	

							-	
64399	Other 6 and over beds						\$	
							-	
	Other Congregate Services Total	\$ 150,000	\$ -	\$ -	\$ -		\$ 150,000	
Administration								
11XXX	Direct Administration					42299 0	\$ 422,990	
12XXX	Purchased Administration					500	\$ 500	
	Administration Total					\$ 423,490	\$ 423,490	
	Regional Totals	\$ 5,008,079	\$ 11,715	\$ 6,765	\$ 6,565	\$ 423,490	\$ 5,456,614	

(45XX-XXX)County Provided Case Management							\$ -	
(46XX-XXX)County Provided Services							\$ -	

	Regional Grand Total						\$ 5,456,614	
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** Please note that all core services are provided by the region regardless if dollars are encumbered in the COA code.

FY 2019 Budget	XXX MHDS Region		
Revenues			
	Projected Fund Balance as of 6/30/18		\$ 5,129,433
	Local/Regional Funds		\$ 2,379,215
10XX	Property Tax Levied	2379215	
5310	Client Fees		
12XX	Other County Taxes		
16XX	Utility Tax Replacement Excise Taxes		
4XXX- 5XXX	Charges for Services		
60XX	Interest		
6XXX	Use of Money & Property		
25XX	Other Governmental Revenues		
8XXX	Miscellaneous		
92XX	Proceeds /Gen Fixed assests sales		
	State Funds		\$ -
21XX	State Tax Credits		
22XX	Other State Replacement Credits		
2250	MHDS Equalization		
24XX	State/Federal pass thru Revenue		
2644	MHDS Allowed Growth // State Gen. Funds		
2645	State Payment Program		
29XX	Payment in Lieu of taxes		
	Federal Funds		\$ -
2344	Social services block grant		
2345	Medicaid		
	Other		
	Total Revenues		\$ 2,379,215.00

Total Funds Available for FY19	\$ 7,508,648.00
FY19 Projected Regional Expenditures	\$ 5,456,614
Projected Accrual Fund Balance as of 6/30/19	\$ 2,052,034.00

County	2016 Est. Pop.	Regional Per Capita	FY19 Max Levy	FY19 Actual Levy	Actual Levy Per Capita
Appanoose	12,462	47.28	589,203	461094	37.00
Davis	8,860	47.28	418,901	327820	37.00
Mahaska	22,181	47.28	1,048,718	820697	37.00
Wapello	34,982	47.28	1,653,949	769604	22.00
E			0		#DIV/0!
F			0		#DIV/0!
G			0		#DIV/0!
H			0		#DIV/0!
I			0		#DIV/0!
J			0		#DIV/0!
Region	78485		3710771	2379215	30.31

Financial Forecasting

The SCHBR, will work with stakeholders to enhance the system with the development of the following programs which were identified as needs during the Community Input meetings. These service/training enhancements have been budgeted for the FY 2019, knowing that not all areas identified will be completed in their entirety within FY 2019. This budget is a projected budget and will continue to be assessed and evaluated with a Strategic Plan over the next 1-3 years. Within the Community Services Programming SCBHR will itemize dollars below to attribute to the cost if needed. The region will use the fund balance for the services identified in the Financial Forecasting.

List new service investments with time frames for implementation.	Projected Costs
Permanent Supportive Housing (12/1/2017)	\$300,000.00
Crisis Stabilization Residential Beds (1/1/2018)	\$797,290.00
Assertive Community Treatment Teams (7/1/2018)	\$600,000.00
Mobile Crisis Teams (7/1/2018)	\$200,000.00
23- Hour Crisis Observation and Holding (1/1/2019)	\$500,000.00
Sub-Acute Beds	\$Unknown
CIT Training For Law Enforcement (Ongoing)	\$20,000

Provider Reimbursement Provisions

Each service provider shall provide monthly billing invoices within 60 days of service provision, and other information requested of the provider for utilization review. The monthly billings shall include the following information:

- Name and unique identifier of each individual served during the reporting period.
- Dates of service.
- Number of units of service delivered to each individual served.
- When requested, attendance records.
- Unit rate and total cost of the units provided to each individual. Copayments or other charges billed to other sources shown as deductions on the billing.
- Actual amount to be charged to the Region for each individual for the period.

SCBHR staff shall review the billings and additional utilization information in comparison with service funding authorizations in place. Non-emergency services delivered without service funding authorization shall be deducted from the billing.

All eligible bills shall be paid within 60 days of receipt of required documentation unless unforeseen circumstances exist.

No billings received more than 60 days after the close of the fiscal year in which the service was provided shall be considered for payment by SCBHR unless there is a statutory obligation. Fiscal year for SCBHR is July 1 – June 30.

It is the intent of SCBHR that only SCBHR staff shall authorize services for residents of the SCBHR region. Due to that, it is the policy of SCBHR that if another county, region, or the State, determines residency in error or approves services for persons who do not have residency in their region, SCBHR may not assume retroactive payment. When written notification is received by SCBHR of the error, SCBHR staff shall authorize services according to the policies and procedures set forth in this manual.

SCBHR will contract with MH/DS providers whose base of operation is in the region. SCBHR may also honor contracts that other regions have with their local providers or may choose to contract with providers outside of the Region. A contract may not be required with providers that provide one-time or as needed services.

SCBHR uses a mix of fee-for-service, and capitated case rates for most of its services. It provides block grants only for specific population based activities where billing by individual served is impossible or impracticable.

SCBHR intends to with the help of Department of Human Services, incorporate all sources of funding including medical assistance program funding, Integrated Health Home, etc, so a person can receive a whole person approach.

SCBHR service contracts require that all providers meet all applicable licensure, accreditation or certification standards; however SCBHR makes serious efforts to stimulate access to more natural supports in its service provider network. Successful attainment of positive outcomes, consumer and family satisfaction, and cost effectiveness measures are the most important factors in continued network participation. SCBHR has identified access points within the provider network to assist individuals or their representatives to apply for services.

SCBHR has identified the following providers currently contracting with the region. Additional providers may be added throughout the year as services are developed to meet the continuum of service needs of individuals. Nontraditional providers may be used.

Agency	
Caremark	Ottumwa Regional Health Center
Comfort Keepers	RHD
	Paula Gordy
Christian Opportunity Center	Psychological Services of Ottumwa
Community Health Center of Southern Iowa	
Crest	Southern Iowa Mental Health Center
Davis County Hospital	Sandy Heller
Dee Dee Chance	Tenco
First Resources	Life Long Links
Insight	Great Rivers
ITP	SIEDA
Hope Wellness	MHI
Mahaska Health Partnership	Woodward Resource Center
Mercy Medical Center in Centerville	
Monica Shelton	
Optimae	